

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044883

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

273

Primary Registration District No.

3051

Registrar's No.

163

FILED DEC 3 1963

1. PLACE OF DEATH

a. COUNTY

Perry County

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Perryville, Mo.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

At Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Perry Co.

c. CITY
OR
TOWN

Perryville, Mo.

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

HALLIE ROSE TINKER

4. DATE OF DEATH
Month Day Year
Oct 25, 1963.

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

MAY 1874

9. AGE (last birthday)

89

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOUSEWIFE

11. BIRTHPLACE (City and state or country)

Knafford County,

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JAMES ASKINS

13b. MOTHER'S MAIDEN NAME

LOUISIANA HALBERT

14. NAME OF HUSBAND OR WIFE

HENRY TINKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of serv)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

MR. Tolman Penkety Flat River, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Failure

DUE TO (b)

Myocardial infarction

DUE TO (c)

Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1950 to 10/25/63 and last saw her alive on 10/22/63
Death occurred at 11:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Dr. Perryville Mo

22b. ADDRESS

103876

22c. DATE SIGNED

10/28/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

10-27-63

23c. NAME OF CEMETERY OR CREMATORY

WOOD-LAWN LEM.

23d. LOCATION (City, town, or county)

Esther Missouri

24. FUNERAL DIRECTOR

ADDRESS

Kaldwell & Son's Flat River, Mo.

25. DATE RECD. BY LOCAL REG.

12-2-63

26. REGISTRAR'S SIGNATURE

Joe J. Zoellner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

PPR-101

DEC 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Donald Dale Caldwell

Licensed Embalmer No.

5095

P. O. Address

Flat River, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.